FOR INSTRUCTIONS, SEE BACK OF FORM

## **DISCLOSURE SUMMARY PAGE**

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all Effective January 1, 2010, all statements and reports filed by flew committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed STATEPATON DISCLOSURE For state of the statements and reports filed by all committees for state office must be filed STATEPATON DISCLOSURE For state of the statements and reports filed by all committees for state of the statements and reports filed by all committees for state of the statements and reports filed by all committees for state of the statements and reports filed by all committees for state of the statements and reports filed by all committees for state of the statements and reports filed by all committees for state of the statements and reports filed by all committees for state of the statements and reports filed by all committees for state of the statements and reports filed by all committees for state of the statements and reports filed by all committees for state of the statements and reports filed by all committees for state of the statements and reports filed by all committees for state of the statements and reports filed by all committees for state of the statements and reports filed by all committees for statements and reports filed by all committees for statements and reports filed by all committees for statements and stateme electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

2014 JAN 21 PM 3: 22

COMMITTEE NAME (Must be same as on Statement of Orga	anization)		ADM.			
Freitag for Auditor		1 1	ORM OR-2	DISCLOSURE		
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Cand Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	( For	v. 12/2009) Office Use Or	REPORT 2 0			
CANDIDATE COMMITTEES ONLY: Candidate Name Dennis Freitag	Political Party (if applicable) Republican	Sca	nned			
Office Sought Clayton County Auditor	District (if Senate or House)	Aud	Audited			
Late reports are subject to possible civil and criminal penalties. Pucandidate's committee, and the chairperson, for any other type of Signature OF PERSON FILING REPORT	rsuant to lowa Code sections 68B.32A(committee, is the individual responsible)  573 245-1347  TELEPHONE	7) and 68A for filing tim	401(3), the casely and accur	ndidate, for a ate reports.		
I AM FILING A January 19, 2014	REPORT FOR (1) ELECTION	//2\NON-F	LECTION YE	AR		
(report date)	Indicate by #					
CHECK IF AMENDMENT TO REPORT DATED			nittees, enter D	ate of Election		
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  (You must continue to file reports until a DR-3 is filed.)			County & Local Committees, enter County in which Election is held Clayton			
STATEMENT OF CASH ON HAN						
CASH ON HAND at the beginning of the reporting period. (T committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	cash on hand at the end	\$	567.18			
ADD TOTAL MONEY TAKEN IN THIS PERIOD						
Schedule A: Cash Contributions total (Attach Sche						
Schedule F: Loans Received total (Attach Schedule	e F)			,		
Schedule H: Total Sales of Campaign Property (At	tach Schedule H)	*******	9	17.0		
(Schedule H applies to Candidates' Con	nmittees Only)					
	SUB-TOTAL	\$				
SUBTRACT TOTAL MONEY SPENT THIS PERIO						
Schedule B: Expenditures total (Attach Schedule B			<b>500.00</b>			
Schedule F: Loan Repayments total (Attach Sched	lule F)		500.00			
CASH ON HAND at the end of this reporting period (if final re	eport balance must be zero)	\$				
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$				
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sch	edule E)	5				
**OUTSTANDING LOANS (From Schedule F - Attach Sched	fule F)	\$				
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES _	_ NO		
CANDIDATE COMMITTEES ONLY:			0.00			
VALUE OF CAMPAIGN PROPERTY (From Schedule H - At		\$				
STATE COMMITTEES: Submit a reconciled campaign acco	ount bank statement in January of each	h year.				

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SCHEDULE

	E(Must be same as on Statement of Organization)		(Rev. 02/08)	RECEIVE
itag for Audit	or			& REPAIR
	le reports money loaned to the committee which is deposited in the	committee account.	CHECK T	
AL UNPAID LO	ANS FROM LAST REPORTING PERIOD \$ 811.75			
	RY LOANS RECEIVED THIS REPORTING PERIOD source of loan, such as a bank, must be shown if a third party is invo	olved. Include loans from candid	ate's personal fu	nds.)
DATE	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT O	FLOAN
RECEIVED (MM/DD/YR)	(Include Endorser's Name, If Applicable)	CANDIDATE (If Applicable*)	)	
,			\$	
				-
			1	- 1
Authorite and the second		TOTAL (PART I)	\$	
(Loans )	FARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD forgiven must be reported on Schedule E — In-kind Contributions.)  NAME AND ADDRESS OF LENDER			
		TOTAL (PART I)  RELATIONSHIP TO CANDIDATE* (If Applicable	AMOUNT R	
(Loans )	orgiven must be reported on Schedule E - In-kind Contributions.)  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT R	REPAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  Dennis Freitag	RELATIONSHIP TO CANDIDATE* (If Applicable	AMOUNT R	REPAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  Dennis Freitag	RELATIONSHIP TO CANDIDATE* (If Applicable	AMOUNT R	REPAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  Dennis Freitag	RELATIONSHIP TO CANDIDATE* (If Applicable	AMOUNT R	REPAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  Dennis Freitag 902 N Main St; Elkader, IA	RELATIONSHIP TO CANDIDATE* (If Applicable	AMOUNT R	REPAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  Dennis Freitag 902 N Main St; Elkader, IA  TOTAL CASH R  From Schedule E TOTAL	RELATIONSHIP TO CANDIDATE* (If Applicable Self	\$ 500.00	REPAID
DATE PAID (MM/DD/YR) 1-15-13	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  Dennis Freitag 902 N Main St; Elkader, IA	RELATIONSHIP TO CANDIDATE* (IF Applicable Self  Self  EPAYMENTS (PART II) L LOANS FORGIVEN D OF REPORT PERIOD	\$ 500.00	REPAID